P.E.T.S. Registration Form
“Property Equipment Tracking System”
Department Administrator Initial Registration

All departmental administrators must have Department Head approval and are required to attend training before access to
the system is granted. PETS department administrators are allowed to create users. The Surplus Property Office
recommends each department to have one additional user for backup purposes. Users are encouraged to attend training.

Department Information:

Department Name: ________________________________
Primary Organization #: __________________________
Building Name and #: ______________________________
Building Address: _________________________________

Administrator Contact Information:

Administrator Name: ______________________________
Title: __________________________________________
Phone Number: __________________________________
E-mail: __________________________________________

User (optional):

User Name: ______________________________________
E-mail: _________________________________________

If you are associated with multiple org numbers and you would be considered the administrator for these, please provide a
list of the 6-digit org codes and the department name as it appears in Banner on the attached list and send it with your
registration form to the Surplus Property Office so they can grant you access to the system.

Administrator Signature: ___________________________ Date: __________

By signing below the Department Head acknowledges this request and hereby authorizes the named administrator to be
responsible for surplus property for the department listed above in accordance with University guidelines. The administrator
may assign additional users as deemed necessary.

Department Head Signature: ___________________________ Date: __________

Department Head Name Printed: __________________________

________________________________________
Date: __________________

ECU Surplus Property Use Only – Training Date: __________________________
V02/23/2010  Approved by: ___________________________ Date: __________
Primary Department Name: ____________________________________________________________

Department Administrator Name: ______________________________________________________

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<th>Additional Organization #’s:</th>
<th>Department Name/Description as it appears in Banner:</th>
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